10/17/2008 12:18

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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 2008 11 04 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 10 17 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons <sup>®</sup> D " D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 932940.54 January 1 (b) Cash on Hand at 1080389.88 Begining of Reporting Period ..... 68396.34 1022913.98 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1148786.22 1955854.52 6(a) and 6(c) for Column B) ..... 47639.22 854707.52 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 1101147.00 1101147.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

1<sup>D</sup>5

2008

23063.31

0.00

м м 1 0

To:

0 1

Write or Type Committee Name

Report Covering the Period:

Political Committees .....

(Dividends, Interest, etc.) .....

17. Other Federal Receipts

Political Action Committee of the American Association of Orthopaedic Surgeons

м м 1 0

From:

**COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 913188.38 62058.34 (i) Itemized (use Schedule A) .......... 6338.00 67704.68 (ii) Unitemized ..... (iii) TOTAL (add 68396.34 980893.06 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 68396.34 980893.06 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 13957.61 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00

<ol><li>Transfers from Non-Federal and Levin Funds</li></ol>	
(a) Non-Federal Account	0.00
(from Schedule H3)	0.00

0.00 0.00 (b) Levin Funds (from Schedule H5) ......

0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

0.00

<ol><li>Total Receipts (add Lines 11(d),</li></ol>	0000004	1000010.00
12, 13, 14, 15, 16, 17, and 18(c))	68396.34	1022913.98

OO Tatal Fadaval Dana'ata		
20. Total Federal Receipts	00000 04	1000010.00
(subtract Line 18(c) from Line 19)	68396.34	1022913.98

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 COLUMN A COLUMN B

	II. DISBONSENIENTS	Total This Period	Calendar Year-to-Date
	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	2639.22	27207.52
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	2639.22	27207.52
	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	45000.00	827500.00
	ndependent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	_oan Repayments Made	0.00	0.00
	_oans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
,	(such as PACs)	0.00	0.00
	d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
·n	Federal Election Activity (2 U.S.C 431(20))		
J.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47639.22	854707.52
2	Total Fodoral Diabura amenta		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	47639.22	854707.52

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) om Line 11(d), page 3)	68396.34	980893.06
otal Contribution Refunds om Line 28(d))	0.00	0.00
et Contributions (other than loans) ubtract Line 34 from Line 33)	68396.34	980893.06
otal Federal Operating Expenditures dd Line 21(a)(i) and Line 21(b))	2639.22	27207.52
fsets to Operating Expenditures om Line 15, page 3)	0.00	13957.61
et Operating Expenditures ubtract Line 37 from Line 36)	2639.22	13249.91

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 64 (check only one)  X 11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeon	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jonathon Henry, , MD Mailing Address 3104 Woodland Dr  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Aurora Medical Group  Receipt For: Primary General Other (specify)	State Zip Code WI 54220-9662  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   500.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Scott R Grewe, , MD  Mailing Address Orthopedics Northw 15755 SW Sequoia City Tigard  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey Shovers, , MD  Mailing Address Lincoln Orthopedic 9400 W Lincoln Ave City West Allis  FEC ID number of contributing federal political committee.  Name of Employer Lincoln Orthopaedic Group  Receipt For: Primary General Other (specify)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	<u> </u>	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 64 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Robert Gordon Veith, , MD			Date of Receipt
	Mailing Address 4011 Talbot Rd S Ste		7: 0 1	10 10 2008
	City Renton	State WA	Zip Code 98055-5791	Transaction ID: 28737482  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Orthopaedic Associ- ates	Occupation	edic Surgeon	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey B Burnette, , MD			Date of Receipt
	Mailing Address 116 N Haven Dr			10 10 2008
	City	State	Zip Code	Transaction ID: 28737485
	Macon FEC ID number of contributing federal political committee.	GA C	31210-1219	Amount of Each Receipt this Period  250.00
	Name of Employer Piedmont Ortho & Sports Medicine	Occupation Orthopa	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. James H Van Olst, , MD			Date of Receipt
	Mailing Address 136 SW Washington	Ave #605		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Corvallis	State OR	Zip Code	Transaction ID: 28737486
	FEC ID number of contributing federal political committee.	C	97333-4879	Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Orthopa	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г				750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Marc J Michaud, , MD  Mailing Address 11 Cherry Ln  City Bedford  FEC ID number of contributing federal political committee.  Name of Employer NH Orthopaedic Surgery, PA  Receipt For: Primary General Other (specify)	State Zip Code NH 03110-4339  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Patrick M Sullivan, , MD Mailing Address 6001 Westown Pkw  City West Des Moines  FEC ID number of contributing federal political committee.  Name of Employer DMOS  Receipt For: Primary General Other (specify)	State Zip Code IA 50266-7702  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. S Dale Yakish, , MD  Mailing Address Beaver Medical Cor 1030 Beaner Hollow  City Beaver  FEC ID number of contributing federal political committee.  Name of Employer Association of Specialty Physicians Receipt For:  Primary General Other (specify)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 64 (check only one)    X
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to be American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William L Hennrikus, Jr, MD Mailing Address 75 Laurel Ridge  City Hershey  FEC ID number of contributing federal political committee.  Name of Employer Sequoia Pediatric Orthopaedics Receipt For: Primary General Other (specify)	Rd  State Zip Code PA 17033-2514  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John N Callander, , MD Mailing Address 2540 Filbert St  City San Francisco  FEC ID number of contributing federal political committee.	State Zip Code CA 94123-3318	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer California Pacific Ortho & Sports Med Receipt For:  Primary  General Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) Dr. Richard P Lewallen, , MD Mailing Address 2900 12th Ave N		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Billings  FEC ID number of contributing federal political committee.	State         Zip Code           MT         59101-7504	Transaction ID: 28737493  Amount of Each Receipt this Period  500.00
Name of Employer Montana Ortho & Sports	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (opt	onal)	700.00

City Strafford MO 65757-9112  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Occupation Orthopaedic Surgeon  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton, MD  Mailing Address 8299 Glen Cove Ct  1 0 1 0  Transaction ID: 2873745  Amount of Each Receipt to  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  250.00  Date of Receipt  M M M / D D / Y 1 0 1 0	E A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Political Action Committee of the American Association of Orthopaedic Surgeons  Full Name (Last, First, Middle Initial) Date of Receipt  Full Name (Last, First, Middle Initial) Mailing Address 1208 Perthshire Ct  City State Vestavia HIs AL 35242-6076  FEC ID number of contributing federal political committee.  Name of Employer OSA Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Edwin M Roeder, MD Mailing Address 5686 N Wild Wind Ln City Strafford FEC ID number of contributing federal political committee.  Name of Employer Ofthopaedic Surgeon Receipt For: Primary General Other (specify) ▼  Coccupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Transaction ID: 287374! Amount of Each Receipt the State Zip Code Transaction ID: 287374! Amount of Each Receipt the State Zip Code Transaction ID: 287374! Amount of Each Receipt the State Zip Code Orthopaedic Surgeon  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 287374! Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Amount of Each Receipt the State Zip Code Transaction ID: 287374!  Transaction ID: 28	purposes, other than using the name and	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Jeffrey C Davis., MD  Mailing Address 1208 Perthshire Ct  City  Vestavia HIs  FEC ID number of contributing federal political committee.  Name of Employer  Occupation Orthopaedic Surgeon  Malling Address 5686 N Wild Wind Ln  City  State Zip Code Orthopaedic Surgeon Aggregate Year-to-Date ▼  Transaction ID: 287374  Amount of Each Receipt ti	, ,	ociation of Orthopaedic Surgeo	ons
City State Zip Code  Vestavia HIs AL 35242-6076  FEC ID number of contributing federal political committee.  Name of Employer SAR Occupation Orthopaedic Surgeon  Receipt For:    Primary   General Other (specify) ▼	avis, , MD		'
Vestavia HIs		7'- 0-1-	10 10 2008
FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Edwin M Receipt, MD  Mailing Address 5686 N Wild Wind Ln  City State Zip Code MO 65757-9112  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Self Employer Self Employer General Other (specify) ▼  City State Zip Code MO 65757-9112  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Cupation Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  City State Zip Code Transaction ID: 287374:  Amount of Each Receipt to Date of Receipt Transaction ID: 287374:  Amount of Each Receipt to Date of Receipt Transaction ID: 287374:  Amount of Each Receipt to Date of Receipt Transaction ID: 287374:  Alexandria VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clin- Orthopaedic Surgeon  Orthopaedic Surgeon  Occupation Orthopaedic Surgeon  Orthopaedic Surgeon  Occupation Orthopaedic Surgeon  Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Transaction ID: 287374:  Amount of Each Receipt ti		•	
OSA  Receipt For:	er of contributing		125.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Edwin M Roeder, MD  Mailing Address 5686 N Wild Wind Ln  City State Zip Code Strafford MO 65757-9112  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton , MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton , MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Coccupation Orthopaedic Surgeon Receipt For: Receip	· ·		
Date of Receipt  Mailing Address 5686 N Wild Wind Ln  City State Zip Code Strafford MO 65757-9112  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton, MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton, MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code City State Zip Code Alexandria VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Receipt For: Primary General Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Transaction ID: 287374:  Amount of Each Receipt to	General	ate Year-to-Date ▼ 575.00	
City State Zip Code Strafford MO 65757-9112  FEC ID number of contributing federal political committee.    Name of Employer Self Employed	oeder, , MD		<u> </u>
Strafford MO 65757-9112  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. William G Hamilton, MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Receipt For:  Receipt For:  Name of Employer Anderson Orthopaedic Clinic Receipt For:  Primary General Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Amount of Each Receipt the Amount of Each Receipt the Aggregate Year-to-Date ▼  Amount of Each Receipt the Amount of Each Receipt the Aggregate Year-to-Date ▼	ss 5686 N Wild Wind Ln		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed Orthopaedic Surgeon  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. William G Hamilton, , MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Receipt For:  Receipt For:  Primary General Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Transaction ID: 287374:  Amount of Each Receipt the Completion Orthopaedic Surgeon  Aggregate Year-to-Date ▼		Zip Code	Transaction ID: 28737496
Name of Employer   Occupation   Orthopaedic Surgeon		65757-9112	Amount of Each Receipt this Period
Receipt For:     Primary	al committee.		250.00
Primary General Other (specify) ▼  Primary General  Date of Receipt  Date of Receipt  Mailing Address 8299 Glen Cove Ct  State Zip Code Transaction ID: 2873749  Alexandria VA 22308-1657  Amount of Each Receipt the  Primary General  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼  Primary General	٦		
Dr. William G Hamilton, , MD  Mailing Address 8299 Glen Cove Ct  City State Zip Code Alexandria VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Receipt For: Primary General  Date of Receipt  M M M / D D D / Y  1 0  Transaction ID: 2873745  Amount of Each Receipt the Cocupation Orthopaedic Surgeon	General		1
Mailing Address 8299 Glen Cove Ct  City State Zip Code Alexandria VA 22308-1657  FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Receipt For: Primary General  Name of Employer Angregate Year-to-Date ▼			Date of December
Alexandria  VA 22308-1657  Amount of Each Receipt the C  Name of Employer Anderson Orthopaedic Clinic Receipt For:  Primary  Amount of Each Receipt the C  Amount of Each Receipt the C  Amount of Each Receipt the C			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Anderson Orthopaedic Clinic Orthopaedic Surgeon  Receipt For:  Primary General  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date ▼		•	Transaction ID: 28737497
Anderson Orthopaedic Clinic Orthopaedic Surgeon  Receipt For: Aggregate Year-to-Date ▼  Primary General	er of contributing	22308-1657	Amount of Each Receipt this Period  250.00
Receipt For:  Aggregate Year-to-Date ▼  Primary General	hongodio Clin		
	Aggre General	ate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	Receipts This Page (optional)		625.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Political Action Committee of the Ame	e name and ad	dress of any political committee to	o solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial)	CIICAII ASSOC	Tation of Offitopaedic Surge	
۸.	Dr. Thomas G Padanilam, , MD  Mailing Address 528 Forest Lake Dr			Date of Receipt  1 0 1 0 2 0 0 8
	City <u>Holland</u>	State OH	Zip Code 43528-9028	Transaction ID: 28737499  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Toledo Orthopaedic Surgeo- ns Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	<del>, '</del>	edic Surgeon e Year-to-Date ▼ 600.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Douglas J Straehley, , MD  Mailing Address Panorama Orthopaed 660 Golden Ridge Rd			Date of Receipt  10 10 2008
	City	State	Zip Code	Transaction ID: 28737500
	Golden  FEC ID number of contributing federal political committee.	CO	80401-9541	Amount of Each Receipt this Period  500.00
	Name of Employer Panaroma Orthopaedics  Receipt For:  Primary General  Other (specify) ▼	- · · · · ·	edic Surgeon e Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James Vincent Bruno, , MD Mailing Address 37832 Atkins Knoll			Date of Receipt
	City	State	Zip Code	Transaction ID: 28737501
	Oconomowoc  FEC ID number of contributing federal political committee.	C	53066-4702	Amount of Each Receipt this Period  100.00
	Name of Employer Aurora Medical Group	Occupatio	n edic Surgeon	
	Receipt For:  Primary  General  Other (specify) ▼	<del> </del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to sumerican Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Emile C Li, , MD  Mailing Address 1988 Luke Ln  City Fort Dodge	State Zip Code IA 50501-8730	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Orthopaedics and Sports Med  Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	250.00
Full Name (Last, First, Middle Initial) Dr. Alan H Wilde, , MD Mailing Address 8542 Windsor Way  City Broadview Heights  FEC ID number of contributing federal political committee.  Name of Employer Lutheran Hospital  Receipt For: Primary General Other (specify)	State Zip Code OH 44147-1790  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  450.00	Date of Receipt  M M J D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David D Gallagher, , MD  Mailing Address 940 N Marr Rd  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Southern Indiana Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code IN 47201-2609  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)lb	1400.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 64 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any persons of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the A			
Full Name (Last, First, Middle Initial) Dr. Gerald F Dreher, , MD			Date of Receipt
Mailing Address VAMC Temple Warehouse Bldg 44			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28737506
<u>Temple</u>	TX	76504-7493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dept. of Veterans Affairs	Occupation Orthopaedic	Surgeon	7
Receipt For:	Aggregate Yea		7
Primary General Other (specify) ▼		250.00	]
Full Name (Last, First, Middle Initial) Dr. Gary M Schniegenberg, , MD			Date of Receipt
Mailing Address 801 Medical Dr Ste	A		10 10 2008
City	State	Zip Code	Transaction ID: 28737507
<u>Lima</u>	ОН	45804-4099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Orthopedic Institute of Ohio	Occupation Orthopaedic	Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	700.00	
Full Name (Last, First, Middle Initial) Dr. David M Witham, , MD			Date of Receipt
Mailing Address PO Box 73558			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28737508
<u>Fairbanks</u>	AK	99707-3558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic	Surgeon	
Receipt For:	Aggregate Yea	ar-to-Date <b>V</b>	
Primary General Other (specify) ▼		250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Matthew C Reckmeyer, , MD			Date of Receipt
Mailing Address Lincoln Ortho Ctr PO Box 6939			10 10 Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28737511
Lincoln	NE	68506-0939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Lincoln Orthopaedic Center	Occupation	n edic Surgeon	
Receipt For:	<del>- '</del>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2000.00	
Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD	1		Date of Receipt
Mailing Address 5549 Green Oak Dr			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28737512
Los Angeles	CA	90068-2501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. John Kirk Drake, , MD	L		Date of Receipt
Mailing Address 3635 Bienville Blvd			10 10 2008
City	State	Zip Code	Transaction ID: 28737513
Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Bienville Orthopaedic Spe- cialists	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b>_</b>	2000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than i	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of tl	ne American Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Sameh A Labib, , MD		Date of Receipt
Mailing Address Emory Sports I 59 Executive Page 1	Medicine Center ark South Ste 2000	10 10 2008
City <u>Atlanta</u>	State Zip Code GA 30329-2208	Transaction ID: 28737514
FEC ID number of contributing federal political committee.	C 30329-2206	Amount of Each Receipt this Period  250.00
Name of Employer Emory Clinic	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steve G Salyers, , MD		Date of Receipt
Mailing Address 1060 Rossview	Ra	10 10 2008
City Clarksville	State Zip Code TN 37043-1908	Transaction ID: 28737515
FEC ID number of contributing federal political committee.	C 37043-1908	Amount of Each Receipt this Period 500.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. John Bernard Ryan, , MD		Date of Receipt
Mailing Address 11012 E 13 Mil	e Rd Ste 201	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28737516
Warren FEC ID number of contributing	MI 48093-2547	Amount of Each Receipt this Period 250.00
federal political committee.	C	230.00
Name of Employer St John Health System	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	otional)	1000.00
TOTAL This Period (last page this line	number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 16 / 64 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Craig T Hatton, , MD Mailing Address 2075 North 1200 W  City Layton  FEC ID number of contributing federal political committee.  Name of Employer InterMountain Orthopaedics		Zip Code 84041-1616 Surgeon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. J Criss Yelton, , MD Mailing Address 471 Klutey Park Pla	aza Dr		Date of Receipt  1 0 1 0 2 0 0 8
City	State	Zip Code	Transaction ID: 28737519
<u>Henderson</u>	KY	42420-3347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Methodist Hospital	Occupation Orthopaedic	Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Roland Y Nakata, , MD Mailing Address 815 S Fairmont Avo	9		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28737520
Lodi	CA	95240-5116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic	Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)(li		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 64 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to erican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Robert A Stanton, , MD  Mailing Address 75 Kings Hwy Cutoff  City Fairfield  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Specialty Group PC Receipt For:	State Zip Code CT 06824-5340  C  Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt  10 13 2008  Transaction ID: 28753109  Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Harpal Singh Khanuja, , MD  Mailing Address 5601 Loch Raven Blv	500.00	Date of Receipt
POB G-1  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins University  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 21239-2905  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   500.00	Transaction ID: 28753110  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD  Mailing Address Crozer-Chester Med General Professional Office Blee City Upland  FEC ID number of contributing federal political committee.  Name of Employer Premier Orthopaedics		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 750.06	1083.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 64 (check only one)    X
	nd Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD		Date of Receipt
Mailing Address 5530 Wisconsin Av		10 13 2008
Charte Chara	State Zip Code MD 20815-4322	Transaction ID: 28753113
Chevy Chase  FEC ID number of contributing federal political committee.	MD 20815-4322	Amount of Each Receipt this Period  100.00
Name of Employer Summit Ortho	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gordon I Groh, , MD		Date of Receipt
Mailing Address 129 McDowell		10 13 7 2008
City	State Zip Code	Transaction ID: 28753114
Asheville	NC 28801-4434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Blue Ridge Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	]
Full Name (Last, First, Middle Initial) Dr. Warren Jay Krompinger, , MD		Date of Receipt
Mailing Address 85 Seymour St		10 13 2008
City	State Zip Code	Transaction ID: 28753115
<u>Hartford</u>	CT 06106-5501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopedic Associates	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (option)	(le	1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persthe name and address of any political committee the name and address of a name and address o	to solicit contributions from such committee.
/	Teriodii / 18300lation of Orthopacaio Odige	1
Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD		Date of Receipt
Mailing Address 806 Maple Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753116
Griffin	GA 30224-4919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ortho & Sport Injury Cent-	Occupation	
er Receipt For:	Orthopaedic Surgeon  Aggregate Year-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) Dr. John G Birch, , MD	1	Date of Receipt
Mailing Address Texas Scottish Rite 2222 Welborn St	Hosp	M M / D D / Y Y Y Y Y Y Y 1 0 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 28753117
<u>Dallas</u>	TX 75219-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Texas Scottish Rite Hospi- tal	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Jerome Kolavo, , MD		Date of Receipt
Mailing Address 27650 Ferry Rd Ste	100	10 13 2008
City	State Zip Code	Transaction ID: 28753118
Warrenville	IL 60555-3846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OAD Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Wilford K Gibson, , MD Mailing Address 4003 Arrowhead Po City Virginia Beach FEC ID number of contributing federal political committee.  Name of Employer Atlantic Ortho Spec	State Zip Code VA 23455-4452  C Occupation Orthopaedic Surgeon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert E Van Demark, Jr, MD  Mailing Address Van Demark Orthop 1210 W 18th Ste Go City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Sanford Health  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mohammad Sirajullah, , MD  Mailing Address 5558 Bienveneda To  City Palmdale  FEC ID number of contributing federal political committee.  Name of Employer AV Institute of Ortho Surgery Receipt For: Primary General Other (specify)	State Zip Code CA 93551-5728  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date  1200.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to	
Political Action Committee of the An	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. John T Livermore, , MD		Date of Receipt
Mailing Address 2414 Kohler Memori  City	al Dr State Zip Code	1 0 1 3 2 0 0 8 Transaction ID: 28753123
<u>Sheboygan</u>	WI 53081-3129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Aurora Health Care	Occupation Orthopaedic Surgeon	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel M Ward, , MD		Date of Receipt
Mailing Address 830 Boylston St Ste		10 13 2008
City	State Zip Code	Transaction ID: 28753135
Chestnut Hill	MA 02467-2502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Keith D Starkweather, , MD	•	Date of Receipt
Mailing Address 331 Landrum PI		10 13 7 9 9 9
City	State Zip Code	Transaction ID: 28753136
Clarksville	TN 37043-6329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
		2250.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 64 (check only one)    X
NAME OF COMMITTEE (II	n Full)	y not be sold or used by any perso dress of any political committee to diation of Orthopaedic Surgeo	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middon Dr. Gregory G West, , MD Mailing Address 2321 Co	oronado St	7.0.4	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Idaho Falls</u>	State ID	Zip Code 83404-7407	Transaction ID: 28753138  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary Ger  Other (specify) ▼	00 0	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. Fredric M Gerard, , MD Mailing Address 7225 N			Date of Receipt
		7:- Oada	10 13 2008
City Tamarac	State FL	Zip Code 33321-2908	Transaction ID: 28753139  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		00021 2000	250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary Ger  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. Marshall Paul Allegra, , Mi Mailing Address 879 Poo	)		Date of Receipt  1 0 1 3 2 0 0 8
City	State	Zip Code	Transaction ID: 28753140
Hazlet  FEC ID number of contribut federal political committee.	NJ C	07730-2041	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:  Primary Ger  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Dana (sational)		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 64 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sanford A Ratzan, , MD  Mailing Address 786 Montauk Hwy			Date of Receipt
City	State	Zip Code	1 0 1 3 2 0 0 8 Transaction ID: 28753141
West Islip FEC ID number of contributing federal political committee.	C	11795-4933	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	<del></del>	edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mark W Brown, , MD Mailing Address 18102 Irvine Blvd S	Ste 107		Date of Receipt
City	State	Zip Code	1 0 1 3 2 0 0 8 Transaction ID: 28753142
<u>Tustin</u>	CA	92780-3423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Medical Group of Santa Ana		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Nolan Mark Segal, , MD			Date of Receipt
Mailing Address Western Orthopaed 5100 Gamble Dr St			10 13 2008
City	State MN	Zip Code	Transaction ID: 28753143
Saint Louis Park  FEC ID number of contributing federal political committee.	C	55416-1587	Amount of Each Receipt this Period  300.00
Name of Employer Western Orthopaedic Surge- ry Ltd		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 64 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Shekhar S Desai, , MD  Mailing Address 5200 Babcock St N	NF Ste 111		Date of Receipt
City Palm Bay	State FL	Zip Code 32905-4639	1 0 1 3 2 0 0 8  Transaction ID: 28753145  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼		n edic Surgeon Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Edward J Hellman, , MD  Mailing Address Orthopaedics India 8450 Northwest Blv			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28753168
<u>Indianapolis</u>	IN	46278-1381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ortho Indy		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gayle V Voth, , MD	<b>'</b>		Date of Receipt
Mailing Address 399 W Campbell F	Rd Ste 402		10 13 2008
City	State	Zip Code	Transaction ID: 28753169
Richardson	TX	75080-3636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		1000.00

SCHEDULE A (FEC Form 3X	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the Al	merican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Darr W Leutz, , MD		Date of Receipt
Mailing Address 1600 W Walnut		10 13 YYYY 2008
City	State Zip Code	Transaction ID: 28753170
<u>Jacksonville</u>	IL 62650-1136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Regional Orthopaedics &	Occupation Orthopaedic Surgeon	
Sports Medicin Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Adam D Soyer, , DO		Date of Receipt
Mailing Address PO Box 1967		M M / D D / Y Y Y Y Y Y 1 0 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 28753171
Kingston	NY 12402-1967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopedic Surgical Speci- alists & Reha	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward G Alexander, Jr, MD		Date of Receipt
Mailing Address 4801 Kenmore Ave	Ste 101	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753172
Alexandria	VA 22304-1135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northern Virginia Orthopa- edic Group Lt	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Su	urgeons
Full Name (Last, First, Middle Initial) Dr. Hyun W Bae, , MD		Date of Receipt
Mailing Address 1301 20th St Ste 40	0	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753173
Santa Monica	CA 90404-2080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	O ,
Full Name (Last, First, Middle Initial) Dr. Lawrence Michael Rubens, , MD		Date of Receipt
Mailing Address Faith Regional Heal 301 N 27th St		10 13 2008
City	State Zip Code	Transaction ID: 28753174
Norfolk	NE 68701-4457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Faith Regional Orthopaedic Services	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	0
Full Name (Last, First, Middle Initial) Dr. Mark S Leslie, , MD		Date of Receipt
Mailing Address 701 Third St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753176
Traverse City	MI 49684-2227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	0
	i	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 64 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may r he name and addr	not be sold or used by any personess of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Associa	tion of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Brian E Koch, , MD			Date of Receipt
Mailing Address 236 Cherokee Rd			10 13 2008
City	State	Zip Code	Transaction ID: 28753177
<u>Hendersonville</u>	TN	37075-3762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tennessee Orthopaedic All-	Occupation	lic Surgeons	
iance Receipt For:		/ear-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	riggrogato	250.00	
Full Name (Last, First, Middle Initial) Dr. James M Worthington, , MD			Date of Receipt
Mailing Address 235 Hanover St M2			10 13 2008
City	State	Zip Code	Transaction ID: 28753178
Fall River	MA	02720-5299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Coastal Orthopaedics	Occupation Orthopaed	lic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven M Mulawka, , MD			Date of Receipt
Mailing Address St Cloud Ortho Asso 1555 Northway Dr	С		10 13 YYYY 10 13 2008
City	State	Zip Code	Transaction ID: 28753182
Saint Cloud	MN	56303-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaed	lic Surgeon	
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Paul A Dale, , MD		Date of Receipt
Mailing Address 1500 Irving St  City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Alexandria	MN 56308-2515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Alexandria Orthopaedic As- soc	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jose Antonio Ortiz, Jr, MD		Date of Receipt
Mailing Address 1400 Bellinger St		10 13 2008
City	State Zip Code	Transaction ID: 28753696
Eau Claire	WI 54703-5222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Luther Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD		Date of Receipt
Mailing Address 1663 Rollins Rd		10 13 7 2008
City	State Zip Code	Transaction ID: 28753698
Burlingame	CA 94010-2301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional) .		2375.00
TOTAL This Period (last page this line numbe	· ·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to a American Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. S Gopal Krishnan, , MD		Date of Receipt
Mailing Address 1331 E 6th St		10 13 2008
City	State Zip Code	Transaction ID: 28753699
Weslaco	TX 78596-6601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Krishnan and Associates	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Thomas John Noonan, , MD		Date of Receipt
Mailing Address Steadman Hawkins 8200 Belleview Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753700
Greenwood Village	CO 80111-2808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Steadman Hawkins Clinic Denver	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Charles D Cardenas, , MD		Date of Receipt
Mailing Address Calallen Orthopaed 14317 Northwest E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Corpus Christi	State Zip Code TX 78410-5536	Transaction ID: 28753701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (option	al)	625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 64 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee merican Association of Orthopaedic Surg	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	merican Association of Orthopaedic out	geons
Peter C Rink, , DO  Mailing Address 1414 W Lombard		Date of Receipt  1 0 1 3 2 0 0 8
Orthopaedic and Ri	neumatology Assoc State Zip Code	Transaction ID: 28753702
Davenport	IA 52804-2148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ortho & Rheumatology Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Gregory William Stocks, , MD		Date of Receipt
Mailing Address Fondren Orthopaed 7401 S Main St	10 13 2008	
City	State Zip Code	Transaction ID: 28753703
Houston  FEC ID number of contributing federal political committee.	TX 77030-4509	Amount of Each Receipt this Period  1000.00
Name of Employer Fondren Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Peter D Vizzi, , MD		Date of Receipt
Mailing Address 449 Heymann Blvd		10 13 7 9 9 9
City	State Zip Code	Transaction ID: 28753704
<u>Lafayette</u>	LA 70503-2616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	l)	1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 31 / 64   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gerald J Ortiz, , MD			Date of Receipt
Mailing Address 5010 St Hwy 30 St	te 205		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Amsterdam	State NY	Zip Code 12010-7532	Transaction ID: 28753705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12010 7002	100.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD			Date of Receipt
Mailing Address 4409 Chinlee Ave			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: 28753706
Albuquerque  FEC ID number of contributing federal political committee.	C	87110-5715	Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Daniel J Nagle, , MD			Date of Receipt
Mailing Address 737 N Michigan Av	ve Ste 700		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1
City Chicago	State IL	Zip Code 60611-6662	Transaction ID: 28753707  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00011-0002	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	y Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	al)		850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32 / 64   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may ng the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Daniel Thompson McGuire, , MD			Date of Receipt
Mailing Address Down East Orthop 404 State St Ste 6			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bangor	State ME	Zip Code 04401-6623	Transaction ID: 28753708  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Down East Orthopedics	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD			Date of Receipt
Mailing Address 2815 S Pennsylva	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 28753709
Lansing  FEC ID number of contributing federal political committee.	C	48910-3496	Amount of Each Receipt this Period  250.00
Name of Employer Michigan Orthopaedic Cent-	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis Martin Walker, , MD			Date of Receipt
Mailing Address 1717 Oak Park Blv	vd 3rd Fl		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28753710
Lake Charles	LA	70601-8990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Lake Charles Memorial Hos- pital	<del></del>	edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		2000.00	
SUBTOTAL of Receipts This Page (option			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
Political Action Committee of the Am	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Keith M Michael Baumgarten, , MD		Date of Receipt
Mailing Address Orthopedic Institute 810 E 23rd St		10 13 2008
City Sioux Falls	State Zip Code SD 57105-2135	Transaction ID: 28753711
FEC ID number of contributing federal political committee.	SD 57105-2135	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Institute	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. William B Stetson, , MD		Date of Receipt
Mailing Address Stetson Powell Ortho 201 S Buena Vista S	t Ste 240	10 13 2008
City	State Zip Code	Transaction ID: 28753712
Burbank FEC ID number of contributing federal political committee.	CA 91505-4576	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Frank A B Gottschalk, , MD		Date of Receipt
Mailing Address U of TX Southwester Dept of Ortho Surger		10 13 YYYYY 10 13 2008
City	State Zip Code	Transaction ID: 28753713
Dallas	TX 75390-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer UT Southwestern Medical Ctr	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
		875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 64 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	
` '	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Douglas Bentley Freedberg, , MD		Date of Receipt
Mailing Address 6818 E Valley Vista I  City	Ln State Zip Code	1 0 1 3 2 0 0 8 Transaction ID: 28753714
Paradise Valley	AZ 85253-5349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer ASMC	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial) Dr. Devon D Goetz, , MD		Date of Receipt
Mailing Address 6001 Westown Pky		10 13 2008
City	State Zip Code	Transaction ID: 28753716
West Des Moines	IA 50266-7702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Des Moines Orthopaedic Su-	Occupation Orthopaedic Surgeon	
rgeons Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. David Blum, , MD		Date of Receipt
Mailing Address 301 NW 84th Ave St	e 303	M M / D D / Y Y Y Y Y Y 1 1 3 2 0 0 8
City Plantation	State Zip Code FL 33324-1807	Transaction ID: 28753717
FEC ID number of contributing federal political committee.	C 35324-1607	Amount of Each Receipt this Period  125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	1
Other (specify)		1
		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 64 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to merican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph I Bernstein, , MD  Mailing Address 17 San Andreas Wa	av	Date of Receipt
City San Francisco	State Zip Code CA 94127-2027	Transaction ID: 28753718  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Retired  Receipt For:  Primary General  Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Brett L Wasserlauf, , MD Mailing Address 673 Cottage Grove	Rd	Date of Receipt  10 13 2008
City	State Zip Code	Transaction ID: 28753719
Bloomfield	CT 06002-3033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Collins Medical Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. James Edward Carothers, , MD		Date of Receipt
Mailing Address 1830 Mayfair Dr		10 13 2008
City	State Zip Code	Transaction ID: 28753721
Owensboro	KY 42301-4669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Orthopedics & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
SUBTOTAL of Receipts This Page (optional		475.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Howard L Schuele, , MD Mailing Address 32 Winston Dr  City Belleair FEC ID number of contributing federal political committee.  Name of Employer Clearwater Orthopaedics, PA Receipt For:	State Zip Code FL 33756-1646  C Occupation Orthopaedic Surgeon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 400.00	
Dr. Leland R Mayer, , MD  Mailing Address S 5841 County Rd I  City  Eau Claire  FEC ID number of contributing federal political committee.  Name of Employer Luther-Midelfort  Receipt For:  Primary General  Other (specify)	State Zip Code WI 54701  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   625.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD Mailing Address 869 Inverness Circl City Spartanburg FEC ID number of contributing federal political committee.  Name of Employer Orthopedic Specialties Receipt For:	e  State Zip Code SC 29306-6680  C  Occupation Orthopaedic Surgeon  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	1250.00	825.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37/64   (check only one)   X   11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Al	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David B Robie, , MD			Date of Receipt
Mailing Address 6585 Plesenton Dr	S		10 13 2008
City Worthington	State OH	Zip Code 43085-3090	Transaction ID: 28753729  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45055 5050	1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Joffrey G Thompson, , MD			Date of Receipt
Mailing Address 702 Reeves Dr			10 13 2008
City	State	Zip Code	Transaction ID: 28753730
Grand Forks	ND	58201-4920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Valley Bone & Joint Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony F Pachelli, , MD			Date of Receipt
Mailing Address 201 Cedar SE Ste 6	6600		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28753733
Albuquerque  FEC ID number of contributing federal political committee.	C	87106-5411	Amount of Each Receipt this Period 250.00
Name of Employer New Mexico Orthopaedic As- sociates	<del></del>	edic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]
SUBTOTAL of Receipts This Page (optional			1350.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Political Action Committee of the Ame	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Todd J Albert, , MD  Mailing Address Rothman Institute 925 Chestnut St 5th Fl			Date of Receipt  10 13 2008
	City	State	Zip Code	Transaction ID: 28753734
	Philadelphia  FEC ID number of contributing federal political committee.	C	19107-4206	Amount of Each Receipt this Period  250.00
	Name of Employer Rothman Institute  Receipt For:  Primary General  Other (specify) ▼	<del>. '                                     </del>	edic Surgeon e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Norman P Zemel, , MD Mailing Address 6801 Park Terrace Dr	L		Date of Receipt  10 13 2008
	City	State	Zip Code	Transaction ID: 28753735
	Los Angeles	CA	90045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kerlan Jobe Orthopaedic Clinic Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		edic Surgeon e Year-to-Date ▼  250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Abdul Foad, , MD Mailing Address 2745 Lincolnway			Date of Receipt
	City	State	Zip Code	Transaction ID: 28753742
	Clinton	IA	52732-7201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		)	1500.00
	TOTAL This Period (last page this line number	onlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Dan M Spengler, , MD			Date of Receipt
	Mailing Address Vanderbilt Orthopaedi Vanderbilt Univ Med C			10 13 2008
	City	State	Zip Code	Transaction ID: 28753743
	Nashville	TN	37232-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Vanderbilt Medical Center	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Arthur L Valadie, III, MD			Date of Receipt
	Mailing Address 526 56th St			10 13 2008
	City	State	Zip Code	Transaction ID: 28753744
	Holmes Beach	FL	34217-1528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coastal Orthopaedics	<del>, '                                     </del>	edic Surgeon	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
С.	Full Name (Last, First, Middle Initial) John W Acampa, , MD	_		Date of Receipt
	Mailing Address 180 E Main St			10 13 2008
	City	State	Zip Code	Transaction ID: 28753745
	Bay Shore	NY	11706-8427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A 0	any information copied from such Reports and St r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Associ	iation of Orthopaedic Surgeo	ons
<b>Д</b> .	Full Name (Last, First, Middle Initial) Dr. Jay D Keener, , MD			Date of Receipt
	Mailing Address Washington University 660 S Euclid Ave Camp	ous Box 823	33	10 13 2008
	City	State	Zip Code	Transaction ID: 28753746
	Saint Louis	MO	63110-1010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington University	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Mark David Earll, , MD			Date of Receipt
	Mailing Address Marshfield Clinic 3501 Cranberry Blvd			10 13 2008
	City	State WI	Zip Code	Transaction ID: 28753747
	Weston FEC ID number of contributing federal political committee.	C	54476-5213	Amount of Each Receipt this Period 500.00
	Name of Employer Marshfield Clinic	Occupation	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
 C.	Full Name (Last, First, Middle Initial) Dr. Guy Leslie Rutledge, III, MD			Date of Receipt
	Mailing Address PO Box 86144			10 13 2008
	City	State	Zip Code	Transaction ID: 28753756
	Mobile	AL	36689-6144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Orthopaedic Group	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		<b>\</b>	1250.00
F	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 64 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Carlos Guanche, , MD Mailing Address 24948 Lorenzo Ct City Calabasas FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For:	State Zip Code CA 91302-3088  C  Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Richard Justis Haynes, , MD  Mailing Address 511 W Ocotillo Rd	250.00	Date of Receipt
City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer ACGME	State Zip Code AZ 85013-1134  C Occupation	Transaction ID: 28753763  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Orthopaedic Surgeon  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Frank R Joseph, , MD  Mailing Address 1285 Hembree Rd S	Ste 200A	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roswell	State Zip Code GA 30076-4995	Transaction ID: 28753765
FEC ID number of contributing federal political committee.	C 30076-4995	Amount of Each Receipt this Period  250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

Full Name (Last, First, Middle Initial) Dr. Michael R Sheen, , MD	e name and address of any political committee	to solicit contributions from such committee.
Dr. Michael R Sheen, , MD		
Mailing Address 2200 Kellwest Blvd  City Wichita Falls	State Zip Code TX 76309	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer United Regional Health Care Conternal Processing Contents (1997)	Occupation Orthopaedic Surgeon	500.00
re Center Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bogosian, , MD Mailing Address 5230 Pacific Concour	se Dr Ste 110	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753767
Los Angeles  FEC ID number of contributing federal political committee.	CA 90045-6200	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD Mailing Address 5605 W Eugle Ste 11	1	Date of Receipt  10 13 2008
City	State Zip Code	Transaction ID: 28753768
Glendale  FEC ID number of contributing federal political committee.	AZ 85304-1273	Amount of Each Receipt this Period 1000.00
Name of Employer Phoenix Orthopaedic Consu- Itants Receipt For:	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date	
Primary General Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per g the name and address of any political committee American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. William Bugbee, , MD  Mailing Address Scripps Clinic Torr 10666 N Torrey Pil City La Jolla  FEC ID number of contributing	nes Rd MS116 State Zip Code CA 92037-1027	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer Scripps Clinic  Receipt For:  Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Michael Laurence Slutzker, , MD Mailing Address 4201 Torrance Blv	d Ste 470	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 28753777
Torrance	CA 90503-4529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sharon L Hame, , MD  Mailing Address UCLA Med Ctr 10833 LeConte Av	e CHS76-126	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 28753778
Los Angeles  FEC ID number of contributing federal political committee.	CA 90095-0001	Amount of Each Receipt this Period 500.00
Name of Employer UCLA Medical Center	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 64 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Brian Robinson, , MD Mailing Address 1268 E 32nd St  City Silver City FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code NM 88061-7229  C Occupation Orthopaedic Surgeon	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alfred L Rhyne, , MD Mailing Address 4601 Park Rd Ste 2	50	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Charlotte FEC ID number of contributing	State         Zip Code           NC         28209-2373	Transaction ID: 28753780  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed	Occupation Orthopaedic Surgeon	500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Dr. John Edward Ritchie, , MD Mailing Address 170 Kimel Park Dr		Date of Receipt  10 13 2008
City	State Zip Code	Transaction ID: 28753784
Winston Salem	NC 27103-6946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Specialists of the Carolin	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of Detailed Summary P	the X 11a 11b 11c 12 Page 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Political Action Committee of the Ar	he name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Political Action Committee of the Ar	nerican Association of Orthopaedic	Surgeons
Full Name (Last, First, Middle Initial) Dr. Robert S Supinski, , MD		Date of Receipt
Mailing Address Nicholas Noyes Mer 111 Clara Barton St	noriai Hosp	10 13 7 2008
City	State Zip Code	Transaction ID: 28753785
<u>Dansville</u>	NY 14437-9503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100	0.00
Full Name (Last, First, Middle Initial) Thomas G Harbert, , MD		Date of Receipt
Mailing Address 201 S Lloyd St Ste	10	10 13 YYYY 10 13 2008
City	State Zip Code	Transaction ID: 28753787
Aberdeen	SD 57401-4512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	100	0.00
Full Name (Last, First, Middle Initial) Brian E McCarthy, , MD	1	Date of Receipt
Mailing Address 245 Alvord Pk Bldg	A	10 13 2008
City	State Zip Code	Transaction ID: 28753788
Torrington	CT 06790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Litchfield Hills Orthopae- dics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100	0.00
SUBTOTAL of Receipts This Page (optional		3000.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Regor for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Political Action Committee of	the American Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initia Dr. Hal J McCutchan, , MD		Date of Receipt
Mailing Address 14221 92nd 9		10 13 2008
City <u>Snohomish</u>	State Zip Code WA 98290-9029	Transaction ID: 28753792  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Western Wa Medical Group	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr. Brian D Mulliken, , MD	<u> </u>	Date of Receipt
Mailing Address 8322 Bellona	Ave Ste 100	M M / D D / Y Y Y Y Y 1 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 28753793
Towson	MD 21204-2065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initia Dr. Peter B Salamon, , MD	al)	Date of Receipt
Mailing Address 2488 N Califo	ornia St	10 13 YYYY 2008
City	State Zip Code	Transaction ID: 28753797
Stockton  FEC ID number of contributing federal political committee.	CA 95204-5508	Amount of Each Receipt this Period 750.00
Name of Employer Alpine Orthopaedic Medical	Occupation Orthopaedic Surgeon	
Group Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	_
	1	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	o solicit contributions from such committee.
Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James John Verner, MD		Date of Receipt
Mailing Address 23075 Nottingham		10 13 2008
City	State Zip Code	Transaction ID: 28753799
Beverly Hills	MI 48025-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  B. Dr. Jonathan P Garino, , MD		Date of Receipt
Mailing Address 835 Stoke Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753800
Villanova	PA 19085-2031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Mark R Colville, , MD		Date of Receipt
Mailing Address 200 NE Mother Jose	eph PI Ste 210	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753802
Vancouver	WA 98664-3295	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Northwest Surgical Specia- llists	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	)	2250.00
, , ,	per only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 1	
A o	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons	
	Full Name (Last, First, Middle Initial) Dr. William L Green, , MD  Mailing Address 3838 California St			Date of Receipt	
	Walling Address 3838 Callfornia St			10 13 2008	
	City	State	Zip Code	Transaction ID: 28753803	
	San Francisco	CA	94118-1522	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.00		
	Full Name (Last, First, Middle Initial) Dr. Jeffrey L Lovallo, , MD			Date of Receipt	
	Mailing Address 7025 Benjamin St		Zip Code	10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State		Transaction ID: 28753805	
	Mc Lean	VA	22101-1550	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date	_	
	Primary General Other (specify) ▼	0 0	500.00		
_	Full Name (Last, First, Middle Initial) Paul D Burton, , DO			Date of Receipt	
	Mailing Address 250 Campbell Ave			10 / 13 / 2008	
	City	State	Zip Code	Transaction ID: 28753806	
	Redlands	CA	92373-6832	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Arrowhead Orthopaedics		edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		1100.00		
Г				600.00	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Joseph M Verska, , MD  Mailing Address 360 E Montvue Rd S	24- 400	Date of Receipt
		10 13 2008
City Meridian	State Zip Code ID 83642-6318	Transaction ID: 28753809  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Spine Institute of Idaho	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul D Shirley, , MD		Date of Receipt
Mailing Address 3728 Phillips Hwy St	te 214A	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28753811
<u>Jacksonville</u>	FL 32207-6869	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Dennis H Gordon, , MD		Date of Receipt
Mailing Address PO Box 17290		10 13 2008
City	State Zip Code	Transaction ID: 28753813
Salt Lake City	UT 84117-0290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	]
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numb	·	

<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page  v not be sold or used by any person	FOR LINE NUMBER: PAGE 50 / 64 (check only one)    X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas H Flesher, III, MD Mailing Address 3301 NW 50th St			Date of Receipt  10 13 2008
	City	State	Zip Code	Transaction ID: 28753814
	Oklahoma City	OK	73112-5627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
- В.	Full Name (Last, First, Middle Initial) Dr. James P Jamison, , MD	1		Date of Receipt
	Mailing Address 6470 Tippecanoe Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28753815
	Canfield  FEC ID number of contributing federal political committee.	OH C	44406-9008	Amount of Each Receipt this Period 500.00
	Name of Employer Youngstown Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. John W McClellan, III, MD	1		Date of Receipt
	Mailing Address 11819 Miracle Hills Dr	Ste 102		M M / D D / Y Y Y Y Y 1 1 0 1 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 28753816
	<u>Omaha</u>	NE	68154-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nebraska Spine Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
⊢	<u> </u>			_

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Political Action Committee of the American Committee of the Committee of	Statements may not be sold or used by any per- e name and address of any political committee erican Association of Orthopaedic Surge	
	encan Association of Onthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Eric M Kagel, , MD		Date of Receipt
Mailing Address 2505 Samaritan Dr S	te 208	10 13 2008
City	State Zip Code	Transaction ID: 28753817
San Jose	CA 95124-4008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Mark C Pinto, , MD		Date of Receipt
Mailing Address 775 S Main St		10 13 2008
City	State Zip Code	Transaction ID: 28753820
Chelsea	MI 48118-1383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Chelsea Community Hospital	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald S Lederman, , MD		Date of Receipt
Mailing Address 3227 Woodview Lake	Rd	10 13 2008
City	State Zip Code	Transaction ID: 28753821
West Bloomfield	MI 48323-3572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
		875.00

ITE	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 64 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for	Table of the proper section of the primary of the		dress of any political committee to	o solicit contributions from such committee.
<b>A.</b> <u>Dr</u>				Date of Receipt  10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit			·	Transaction ID: 28753823
<u>La</u>	akewood	WA	98499-8000	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Pı	ame of Employer uget Sound Orthopaedics			
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
<b>B.</b> <u>Dr</u>	ull Name (Last, First, Middle Initial) : Steven Tradonsky, , MD ailing Address 6719 Alvarado Rd Ste	200		Date of Receipt  10 13 2008
Cit	tv	State	Zin Code	Transaction ID: 28753825
	an Diego		•	Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.		02.20 02.00	100.00
Na Se	ame of Employer elf Employed			
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
<b>D</b> r. <u>D</u> r	ıll Name (Last, First, Middle Initial) : Jonathan J Myer, , MD ailing Address 6719 Alvarado Rd Ste	200		Date of Receipt
Cit	tv	State	Zin Code	Transaction ID: 28753826
	an Diego		•	Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.			100.00
Na Se	ame of Employer elf Employed			
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
		•		700.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 64 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other  NAME OF COMMITTEE (In F	than using the name and ad	ay not be sold or used by any pers ddress of any political committee t ciation of Orthopaedic Surge	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle I Dr. Frederick F Fakharzadeh, , M Mailing Address 22 Madisc  City Paramus  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	n Ave  State NJ  C  Occupati Orthopa  Aggregat	Zip Code 07652-2734 on aedic Surgeon te Year-to-Date ▼	Date of Receipt    M M M
2425 Stoc	losp for Children	500.00	Date of Receipt  1 0 1 4 2 0 0 8
City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Shriners Hospital for Children Receipt For: Primary General Other (specify)	CA C Occupation Orthopa Aggregat	Zip Code 95817-2215  on aedic Surgeon te Year-to-Date  ▼  500.00	Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle IDr. David L Waxman, MD Mailing Address 600 Davis  City Clarksburg  FEC ID number of contributing federal political committee.	son Run Rd Ste 102 State WV	Zip Code 26301-9307	Date of Receipt  10 14 2008  Transaction ID: 28761012  Amount of Each Receipt this Period  1000.00
Name of Employer Self Employed  Receipt For:  Primary Genera  Other (specify) ▼	Aggregat	on aedic Surgeon te Year-to-Date ▼	
SUBTOTAL of Receipts This Pa	ge (optional)		2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 64 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Political Action Committee of the Ar	the name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael T Grant, , MD  Mailing Address Bldg B Ste 105 550 Orchard Park R	d		Date of Receipt  10 14 2008
City West Seneca FEC ID number of contributing	State NY	Zip Code 14224-2646	Transaction ID: 28761013  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed	Occupation	dic Surgeon	1000.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Hendrick Jackson Arnold, III, MD  Mailing Address 4175 Stepney Ct			Date of Receipt  10 14 2008
City	State	Zip Code	Transaction ID: 28761014
Colorado Springs	CO	80906-4834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed		dic Surgeon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Richard W Barth, , MD	•		Date of Receipt
Mailing Address 2021 K St Ste 400			10 14 2008
City	State	Zip Code	Transaction ID: 28761015
Washington	DC	20006-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Washington Orthopaedics & Sports Med Receipt For:		dic Surgeon Year-to-Date ▼	
Primary General Other (specify) ▼	Aygreyate	1000.00	
SUBTOTAL of Receipts This Page (optional	`		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (Check Gilly Gile)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by the name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedio	c Surgeons
Full Name (Last, First, Middle Initial) Dr. Eric Jordan Guidi, , MD Mailing Address 1715 N George Mac City	son Dr Ste 504 State Zip Code	Date of Receipt    M M
Arlington  FEC ID number of contributing federal political committee.	VA 22205-3670	Amount of Each Receipt this Period 500.00
Name of Employer Nirschel Orthopaedic Center  Receipt For:  Primary  Other (specify) ▼	Occupation Orthopaedic Surgeon  Aggregate Year-to-Date   100	0.00

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	62058.34

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 56 / 64
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	•••		
Full Name (Last, First, Middle Initial) Ortiz For Congress Committee			Transaction ID: 28705844 Date of Disbursement
Mailing Address P. O. Box 7806			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & B \end{smallmatrix} $
City Corpus Christi	State Zip Code TX 78467		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Solomon P. Ortiz		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
	Congressional G		
Full Name (Last, First, Middle Initial) Griffith For Congress			Transaction ID: 28736920 Date of Disbursement
Mailing Address PO Box 2916			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & S \end{smallmatrix} \end{bmatrix}$
City Huntsville	State Zip Code AL 35804		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Mr. R Parker Griffith		Category/ Type	
Office Sought: X House Disbu Senate President	rsement For: 2008 Primary General X Other (specify)		
State: AL District: 05 2008  Full Name (Last, First, Middle Initial)	Congressional G		
Jay Love For Congress			Transaction ID: 28736927 Date of Disbursement
Mailing Address 1020 Monticello Court	Suite 205		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Montgomery	State Zip Code AL 36117		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	5000.00
Candidate Name Mr. Jay Love		Category/ Type	
Office Sought:  X House Senate President  Disbu	rsement For: 2008 Primary General X Other (specify)		
State: AL District: 02 2008	Congressional G		
			12500.00

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	Mailing Address	9249 South Br	oadway Blv	vd.					1 <sup>M</sup> 0	M /	<sup>D</sup> 1	0 /	<sup>Y</sup> 2	0 ŏ 8	Y
	City Highlands Ran			State CO	Zip Code 80129				Amo	unt of I	Each	Disburs			-
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	Mr. Mike Coffn Office Sought:	nan X House	Disburse	ment For:	2008		ateg Typ	-							
		Senate President	X	Primary Other (spe	General ecify)										
	,	District: 06 First, Middle Initial) Committee Inc	2008 Cd	ongressio	nal G					sactio of Dis		2873	6933		
	Mailing Address	PO Box 2918							1 0	M /	D 1	D /	Ý Ž	0 ŏ 8	Y
	City Raleigh			State NC	Zip Code 27602				Amo	unt of I	Each	Disburs			-
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	Candidate Name Sen. Elizabeth	Dole				С	ateg Typ								
	Office Sought:	House X Senate President District:	Disburse	ment For: Primary Other (spe	2008 X General										
	State: NC Full Name (Last, Boren For Con	First, Middle Initial)								sactio of Dis		2876 ment	0959	1	
	Mailing Address	PO Box 149							1 <sup>M</sup> 0	M /	<sup>D</sup> 1	<b>4</b> /	<sup>Y</sup> 2	0 Ď 8	Y
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	Purpose of Disbu	rsement					01		L.		•		10	00.00	)
	Candidate Name Rep. Daniel Bo		1			С	ateg Typ								
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NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopa	edic	Surge	eons							
Full Name (Last, First, Middle Initial)  A Whole Lot Of People For Grijalva	Congressional C						isburse		6096	0	
Mailing Address PO Box 1242					1 <sup>M</sup> 0	M	1	<b>4</b> /	Υ	ž 0 ŏ 8	3 Y
City Tucson	State Zip Code AZ 85702				Amou	nt o	f Each	Disbu		nt this I	
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Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress	ooo oongressional d				Date o	of Di	isburs		6096	1	
Mailing Address P O Box 52-2784					1 <sup>M</sup> 0	М	<sup>/</sup> 1	<b>4</b> /	Υ	ž o ŏ ε	3 Y
City Miami	State Zip Code FL 33152				Amou	nt o	f Each	Disbu		nt this I	
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Rep. Ileana Ros-Lehtinen		l	ype								
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State: FL District: 18 2 Full Name (Last, First, Middle Initial) Betty Sutton For Congress	008 Congressional G						on ID:	287	6096	2	
Mailing Address 1700 W. Market S	i. #155					M .	/ D 1	D /	Y	ž 0 ŏ 8	3 Y
City Akron	State Zip Code OH 44313				Amou	nt o	f Each	Disbu	rseme	nt this I	Period
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Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	287	6096	3			
Friends Of Zach Wamp						Date of	of Di	isburse	ement					
Mailing Address P.O. Box 24804						1 <sup>M</sup> 0	М	/ D 1	<b>4</b> /	Y	ž o ŏ 8	Y		
651 E. Fourth St. Suite	200					-				-				
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Friends Of Charlie Wilson								on ID:		6097	U			
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Mailing Address P.O. Box 61						1 0		1	4		2008			
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	Candidate Name Rep. Silvestre					Ca		jory/			•					
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	City Waco			State TX	Zip Code 76702				Amo	unt o	f Eacl	n Disl	bursei	-	this F	-
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	Mailing Address	213 Lisbon St							1 <sup>M</sup> 0	М	/ D	1 4	/ L	ž	0 ŏ 8	Y
	City Lewiston			State ME	Zip Code 04240				Amo	unt o	f Eacl	n Disl	bursei	ment	this F	Perio
	Purpose of Disbu						01	1	<u>L</u> .					10	00.00	)
	Candidate Name Rep. Michael H						ateg Typ	jory/ e								
	Office Sought:	X House Senate President	X	ment For: Primary Other (spe												
	State: ME	District: 02	2008 Co	ongressio	nal G											

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<u>V</u>	Full Name (Last, First, Middle Initial) Gene Taylor For Congress Committee					<b>Trans</b> Date	of D	isburs	seme				
	Mailing Address P.O. Box 3838 Post Office Box 38					1 <sup>M</sup> 0	М	/ D	1 4	′ L'	Ž	0 ŏ 8	
	City Bay St. Louis	State Zip Code MS 39520				Amou	ınt o	f Eac	h Dis	burse	-	this P	-
	Purpose of Disbursement  Candidate Name		_	01	1 ory/			•	•		10	00.00	)
	Rep. Gene Taylor  Office Sought: X House Disb Senate	ursement For: 2008 Primary General		Тур									
	State: MS District: 04 2000  Full Name (Last, First, Middle Initial)	X Other (specify) ▼ B Congressional G				Trans	sacti	ion IC	<b>)</b> : 2	 8761	001		
	Welch For Congress  Mailing Address PO Box 1086					Date						0 ŏ 8	Y
	City Montpelier	State Zip Code VT 05601				Amou	ınt o	f Eac	h Dis	burse	-	t this P	
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	Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee	Ü				<b>Trans</b> Date	of D	isburs	seme	· · ·			
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Suite 115 City	State	Zip Code			Amou	nt of Ea	ach Dis	burser	nent this	Period
Alexandria	VA	22314				•				
Purpose of Disbursement  Candidate Name				11 egory/		•			2500.0	10
Rep. John M. McHugh  Office Sought:  X House Senate President  State: NY  District: 23	Disbursement Prim. X Othe 2008 Congre	ary General (specify) ▼	<u>  T</u>	уре						
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Todd Akin For Congress							urseme	nt	* V * V	· V
Mailing Address PO Box 3	1222				10	M /	<sup>D</sup> 1 4	/ L	ž 0 ŏ	8 <sup>Y</sup>
City St Louis	State MO	Zip Code 63131			Amou	nt of E	ach Dis	burser	nent this	
Purpose of Disbursement  Candidate Name Rep. Todd Akin			Cat	11 egory/			^		2000.0	
Office Sought:  X House Senate President State: MO District: 02	Disbursement Prim. X Othe 2008 Congre	ary General (specify) ▼								
Full Name (Last, First, Middle Ini Cooper For Congress Comr	tial)				Date	of Disb	ID: 2			
Mailing Address C/O David P.O. Box 9	lson Golden & Lund	P.C.			10	M /	14	/ <u>Y</u>	žoŏ	8 <sup>Y</sup>
City Brentwood	State TN	Zip Code 37024			Amou	nt of E	ach Dis	burser	nent this	Perio
Purpose of Disbursement			,	11	L.	<u> </u>			1000.0	00
Candidate Name Rep. Jim Cooper			Cat	egory/ ype						
Office Sought:  X House Senate President		ary General (specify) ▼	,							
State: TN District: 05	2008 Congre	ssional G								

TEMPED DISPURSEMENTS	Use separate schedule(s	) (check onl	= NUMBER: PAGE 63 / 64 ly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n.  NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Association of Orthopa	aedic Surgeon	s
Full Name (Last, First, Middle Initial) Doyle For Congress Committee			Transaction ID: 28761018  Date of Disbursement
Mailing Address 205 Hawthorne Court			10 14 7 2008
City Pittsburgh	State Zip Code PA 15221		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Michael F. Doyle		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: PA District: 14 2008  Full Name (Last, First, Middle Initial)	Congressional G		T " ID 00704040
Alan Mollohan For Congress Committee	9		Transaction ID: 28761019 Date of Disbursement
Mailing Address P. O. Box 1343			10 14 2008
City Fairmont	State Zip Code WV 26555		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Alan B. Mollohan		Category/ Type	
Office Sought: X House Disbu Senate President	rsement For: 2008 Primary General X Other (specify)	•	
	Congressional G		
Full Name (Last, First, Middle Initial) Minnick For Congress			Transaction ID: 28761020 Date of Disbursement
Mailing Address 8150 W Emerald Stree	et Suite 170		10 14 2008
City Boise	State Zip Code ID 83704		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2000.00
Candidate Name Mr. Walter Minnick		Category/ Type	
Senate President	rsement For: 2008 Primary General X Other (specify)		
State: ID District: 01 2008	Congressional G		<u> </u>
SUBTOTAL of Disbursements This Page (option	al)	<b>&gt;</b>	4000.00
TOTAL This Period (last page this line number or	nlv)		45000.00

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
I EMIZED DISBURSEMEN IS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Association of Orthopaed	lic Surgeons	
Full Name (Last, First, Middle Initial) Northern Trust Company  Mailing Address 50 S. LaSalle St.			Transaction ID: 28737016 Date of Disbursement
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account Candidate Name	[	001 Category/ Type	093.22
Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼		Bank fees deducted from account
Full Name (Last, First, Middle Initial) United States Treasury			Transaction ID: 28737113  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			10 M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement Federal income tax on interest income Candidate Name		001 Category/ Type	1946.00
Office Sought: House Disburs	sement For: Primary General		Federal income tax on interest income

SUBTOTAL of Disbursements This Page (optional)	•	2639.22
TOTAL This Period (last page this line number only)	<b>•</b>	2639.22

Other (specify)

Senate President

District:

State: